•				
FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY	/ PAGE	Reset Form	FORM DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of C	Organization) H (15	49	#Pley [25200\$1[)	REPORT
IMPORTANT: Indicate by # type of committee you are repo (1) Statewide/Legislative/Judge Standing for Retention Can (4) County Central Committee (5) County Candidate (6) C Political Subdivision Candidate (8) County PAC (9) City F Subdivision PAC (11) Local Ballot Issue	odidate (2)State PAC (3)State	d or Other	Scanned	149 6145
CANDIDATE COMMITTEES ONLY:	•		Addited	
Candidate Name	Political Party (if ap	plicable)	File with:	
Office Sought	District (if Senate or		lowa Ethics and Disclosure Boar 510 E. 12 th , Ste. Des Moines, lov Fax: 515-281-3	d 1A va 50319
ate reports are subject to possible civil and criminal penalti le candidate, for a candidate's committee, and the chairpe dividual responsible for filing timely and accurate reports.	rson, for any other type of com	ction 68B.32A(7) mittee, is the		
nau Onne Com	5769-95	15-3731	86	an 09
GNATURE OF PERSON FILING REPORT	TELEPHON	NE	DATE &	GNED
CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file)	e of Dissolution Form DR-3.	County	committees, enter D & Local Committee Election is held	
STATI	EMENT OF CASH ON H	IAND		
ASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this i	e cash on hand at the end		\$!	124,74
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Sche	edule A) (*also see in-kind bel	ow)		76.85
Schedule F: Loans Received total (Attach Schedul				
Schedule H: Total Sales of Campaign Property (At	•		•	
(Schedule H applies to Candidates' C	·			
		TAL	s /	2015a
SUBTRACT TOTAL MONEY SPENT THIS PERIOD)			
Schedule B: Expenditures total (Attach Schedule	B) (**also see debts and loans	below)		800.00
Schedule F: Loan Repayments total (Attach Sched	lule F)			
ASH ON HAND at the end of this reporting period (if final re	port balance must	1	. L	101.59

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

YES ____ NO

\$

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

CHECK THIS BOX II
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#			\$	
10/31/08	CK#	GICU Interest		. 02	
	ID#				
10/31/08	CK#	GICU Interest		,09	
,	ID#				
11/17/08	CK#	Deposit - DEA		76.60	
	ID#	·			
11/30/08	CK#	GICU Interest		,04	
, ,	ID#				
11/30/08	CK#	GIGU Interest		102	
, ,	ID#				
12/31/08	CK#	GICU Interest		ده,	
	ID#				
12/3/108	CK#	GICU Interest		,04	
' /	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				<u> </u>
		I .	SUB-TOTAL	11.05	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE	NAME	(Must	be same	as on Stat	ement of	Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID# 1397	1997 Friends of Jim Lykam HO	85	
11/3/08	ск# 348	2906 W 35th St Devenport 1A 52806	Donation to campaign	\$ 160°
	ID# 1688	1688 Thede for 14 Families HOB		_
11/3/08	ск# 349	2343 Hawthorne C+ Bettendorf 1A 52722	Donation to Campaign	1 (el) 00
, ,	1D# 1229	Winckler For State House	7 ()	
11/3/08	ск# 350	Co Thode C+ Devenport 1A 52802	Donation to Campaign	160
	ID# /563	Frank Wood for Senate	y 9	
11/3/08	CK# 351	POBOX 402 Eldridge 1A 52748	Donation to Campaign	10
' '	ID# 1600	Elesha Gaymon For A	, ,	~
11/3/08	CK# 352	1515 Kenosha Ct Navenport 1A 53804	Donation to Campaign	160-
, , .	ID#	ų ,	/ /	
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			•
			SUB-TOTAL	\$ 80000

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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TOTAL (if last page of this schedule)